Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>8/20/2010</u>	Address:	Area of Center Street
Case #:	<u>24F31806</u>		and Parker Street
County:	Kosciusko		Warsaw, Indiana
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only)		Scizure Location (e	☐ Hotel/Motel ☐ Open – No Structure
Dumpsite (only) Vehicle Other: Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: open air			
Water Reactive Metal (Lithium): open air			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: open air			
Corrosive Base:			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	<u>: Information</u> e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Health Depa	ment: <u>Warsaw Fire Dept.</u> artment: <u>Koseiusko County</u> ction Service: <u>n/a</u>	Fax: <u>574-372-9502</u> Fax: <u>(574) 269-2</u> 023 Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr. Jeff Wampler</u> Phone <u>574-546-4900</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.